

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032026

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 228 Primary Registration District No. 5853 Registrar's No. 122

FILED SEP 14 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Buffalo township

Length of stay in 1b

1 Day

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

H.F.D. 1, Clarksville

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE Arkansas b. COUNTY Newton

c. CITY OR TOWN

Compton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

William Alonzo Briggs

4. DATE OF DEATH

Month

Day

Year

Sept. 6, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

10/1/1871

9. AGE (last birthday)

90

IF UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Fireman

10b. KIND OF BUSINESS OR INDUSTRY

Merchant Marine

11. BIRTHPLACE (City and state or country)

Williamsport, Ind.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Briggs

13b. MOTHER'S MAIDEN NAME

Jackson Jeannette H. Briggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Jeannette H. Briggs, Compton, Ark.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

presumed to be natural causes in view of patient's advanced age.

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from seen only after death and last saw her alive on about 3 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Edward K. Jackson, M.D.

22b. ADDRESS

Clarksville, Mo.

22c. DATE SIGNED

9-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

9/7/1962

23c. NAME OF CEMETERY OR CREMATORY

Unknown

23d. LOCATION (City, town, or county)

Harrison, Arkansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Geo. M. Collier, Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.

9-10-62

26. REGISTRAR'S SIGNATURE

Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

10820

28030

3 2

4 0

5 1

6

7 1

8 2

97954

10

11

1298-0

132-0

SEP 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.